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CONFIRMATION NO. 3809

SERIAL NUMBER 10/659,053	FILING OR 371(c) DATE 09/08/2003 RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 54275.8005.US03
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APPLICANTS

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*** CONTINUING DATA *******

This application is a CIP of 09/535,066 03/23/2000 PAT 6,800,291 which claims benefit of 60/126,233 03/24/1999
 This application 10/659,053
 is a CIP of 10/442,683 05/21/2003
 which claims benefit of 60/382,887 05/21/2002

*DR**** FOREIGN APPLICATIONS ********none***F REQUIRED, FOREIGN FILING LICENSE GRANTED ****

01/31/2004

**** SMALL ENTITY ****

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY ITALY	SHEETS DRAWING 16	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>DR</i> Examiner's Signature	Initials			

ADDRESS

38939

TITLE

Composition and method of treatment for urogenital conditions

FILING FEE RECEIVED 691	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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